FCC Form 499-Q Teleco							Appro	oval by OMB	1
Quarterly Filing for Univ	ersal Service	Contributors > Please	read instruc				30	60-0855	
Block 1: Contributor Identi		ation			101 Filer	499 ID]
102 Legal name of reporting							11002311	anilladd ac action and]
103 l'iler's IRS employer ide									_
104 Name telecommunication	is provider is do	ing business as	-						4
105 Holding company [All affiliated companies	should show sa	ma nama bara 1		Check if	filer has no	affiliates:			
			1000	(Enter 0	digit gamels	ne)			
J05.1 Holding company IRS employer identification number J06 Filer's FCC Registration Number (FRN)				[Enter 9 digit number]					- Deleted: 106 FCC Registration
107 Complete mailing address		tity's comorate headquarte	TS	Limites 15	C. MASSIS	CANI	***************************************		Number (FRN)
Block 2: Contact Information			-				-	***************************************	Deleted: 107 Complete mailing
108 Person who completed th	is worksheet		First		MI	Last			address of reporting entity's¶
109 Telephone number of this person				() -					corporate headquarters
110 Fax number of this person	n			() -				
111 Email of this person									
112 Billing address and billin [Bills for Universal Servi will be sent to this addres	ce contributions				-120// 41701				
Block 3: Contributor Histor									- Deleted: 113 Year of historical
	iling due	Historical revenues (lines [15-I	18) for	Projecte	d revenues (lines 119-	(20) for		revenue information
quarterly filing	ovember 1, 2012	July 1 - September 30	. 2012		January I	- March 31, 2013			L.
Fe	shruary 1, 2013	October 1 - December	131.2012		April 1 -	June 30, 2013			
M	av 1, 2013	January 1 - March 31,	2013		July 1 - 5	September 30, 2013			
	ugust 1, 2013	April 1 - June 30, 201	3		October	- December 31, 2013			
114 Check if using safe	harbor to alloca	te interstate/intrastate reve	nues for ea	ch of the	following (as amplicable):			3
Cellular & broadba	nd PCS: F	Paging: Analog	SMR:	Inter	connected \	AND:			
Historical billed revenues with			entral designation of the second	al Revenu	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	Interstate Revenues	CONTRACTOR	ntional Revenues	
uncollectibles. See Instruction		deductions for	100	(a)	102	(b)	miemi	(c)	
		her universal service	EL PORT CHESAN CORNE	(u)	- TOTAL STREET, STREET	(0)	The state of the s	(0)	
contributors for res- interconnected VoI	ale as telecommi								
	universal service	ues including any pass- e contributions, but							
117 All other goods and		dai revenues			-	Column (b)	nd (a) not ra	overted	1
118 Gross-billed revenu		ac [cum of aboua]			-	Column (b) and (c) not requested for Lines 117 and 118			1
		rstate and international tele				TOT LIM	5 117 and 17	.0	
	through charges	for universal service contr							
Projected collected end-user interstate and international telecommunicat including any pass-through charges for universal service contributions, b international-to-international revenues									
			-	-	market plant and		-		
Block 4: CERTIFICATION:									
would likely cause:	substantial harm	ned herein are privileged a to the competitive position ont to sections 0.459, 52.17	n of the con	npany. I i	request non	disclosure of the revenu			
I certify that I am an officer of belief, all statements of fact con the quarter and that the project	the above-name ntained in this W	d reporting entity, that I ha	ive examine i Workshee	ed the for	egoing repo	ort and to the best of my ment of the affairs of th	e above-nam	ed company for	
122 Signature	ons or gross-our	ca and conceted revenues	represent a	good-lai	ui estimate	oased on company pro-	redutes and I	oncies.	
123 Printed name of officer First				MI Last					
124 Position with reporting en	tity					_407			
125 Email of officer (Required									
126 Date									
127 This filing is:		☐ Original filing	Revised 6	filing free	risions due	within 45 days of origin	al filing day	dlinel	
Do not mail checks with this form.	Send this form to:	Form 499 Data Collection A	gent c/o USA	AC 2000 L	Street, N.W	. Suite 200 Washington I	OC 20036	100000	
For additional information regarding	g this worksheet co	intact: Telecommunications R	eporting Wo	rksheet Inf	fo: (888)641-	8722 or via email: Form 49	9@universals	erivce.org	
		TS IN THE WORKSHEET CAN BE PU			SONMENT UND				
Save time, avoid problems - file	e etectronically a	n http://forms.univer	salservice.	org		FCC Form	499-Q / XXX	2013 [[DRAFT]]	

PN ATTACHMENT 3 DRAFT FCC FORM 499-0 / PAGE 1

Page 1: [1] Deleted		Author			
113 Year of historical i	evenue information				
114 Indicate which quarterly filing this represents	Filing due	Historical revenues for	Projected revenues for		
	☐ February 1	October 1 - December 31 (prior year)	April 1 – June 30		
	☐ May 1 ☐ August 1	January 1 - March 31	July 1 – September 30		
	☐ November 1	April 1 – June 30	October 1 – December 31		
		July 1 - September 30	January 1 - March 31 (following calendar year)		